

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Oct 22, 2024

SEAN F. MCAVOY, CLERK

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

TORIE H.,¹

Plaintiff,

v.

MARTIN O'MALLEY, Commissioner of
Social Security,

Defendant.

No. 1:24-cv-03072-EFS

**ORDER REVERSING THE ALJ'S
DENIAL OF BENEFITS, AND
REMANDING FOR PAYMENT OF
BENEFITS**

Plaintiff Torie H. appeals the denial of benefits by the Administrative Law Judge (ALJ). The parties agree the ALJ erred when analyzing Plaintiff's testimony and the medical opinions, but the parties disagree about the appropriate remedy. Plaintiff seeks a remand for payment of benefits, while the Commissioner seeks a remand for further proceedings. After reviewing the record and relevant authority, the Court remands the case for payment of benefits.

¹ To address privacy concerns, the Court refers to Plaintiff by first name and last initial or as "Plaintiff." See LCivR 5.2(c).

I. Background

In September 2020, Plaintiff filed an application for benefits under Title 16, alleging disability due to anxiety, compulsion disorder, depression, and panic attacks.² Plaintiff claimed an onset date of March 1, 2012.³

Plaintiff's claims were denied at the initial and reconsideration levels.⁴ On April 20, 2023, Plaintiff attended a hearing with her attorney before ALJ Evangeline Mariano-Jackson.⁵ Plaintiff testified, and a vocational expert Michael Swanson testified.⁶ On August 25, 2023, ALJ Mariano-Jackson issued a decision denying benefits.⁷ Plaintiff filed a timely request for review of the ALJ decision, and the Appeals Council denied review.⁸ Following the Appeals Council denial, Plaintiff filed a timely appeal to this Court.

The ALJ found:

- Step one: The prior administrative decision of ALJ Glenn Myers dated September 5, 2019, is administratively final but Plaintiff has rebutted

² AR 227, 244.

³ AR 227.

⁴ AR 114, 130.

⁵ AR 33-59.

⁶ *Id.*

⁷ AR 14-32.

⁸ AR 1-6.

1 the presumption of non-disability and the period at issue starts
2 September 9, 2020, the date of application.

- 3 • Step One: Plaintiff had not engaged in substantial gainful activity
4 since September 9, 2020.
- 5 • Step two: Plaintiff had the following medically determinable severe
6 impairments: major depressive disorder, post-traumatic stress
7 disorder (PTSD), and panic disorder.
- 8 • Step two: Plaintiff's physical impairments including neck, back, and
9 shoulder pain with shortness of breath are non-severe.
- 10 • Step three: Plaintiff did not have an impairment or combination of
11 impairments that met or medically equaled the severity of one of the
12 listed impairments and specifically considered listings 12.04, 12.06,
13 and 12.15.
- 14 • RFC: Plaintiff had the RFC to perform a full range of work at all
15 exertional levels except that she has the following nonexertional
16 limitations:
17 [Plaintiff] can understand, remember and carry out simple,
18 routine and repetitive tasks requiring no more than 1-2 step
19 instructions and involving only simple work-related decisions
20 and occasional decision making and changes in the work
21 setting; she can never perform assembly line work; she can
22 tolerate occasional, brief and superficial interaction with
23 supervisors, co-workers and the public; and she can work in
proximity to, but not in coordination with, co-workers.
- Step four: Plaintiff has no past relevant work.

- Step five: considering Plaintiff's RFC, age, education, and work history, Plaintiff could perform work that existed in significant numbers in the national economy, such as a floor waxer (DOT 381.687-034), a commercial cleaner (DOT 381.687-014), and a maid, housekeeper (DOT 323.687-014).⁹

Plaintiff timely requested review of the ALJ's decision, arguing that the ALJ committed several errors.

II. Analysis

The parties agree the ALJ erred in her evaluation of Plaintiff's subjective testimony and also agree that the ALJ erred in evaluating the medical opinions of consultative examiners Patrick Metoyer, PhD, and Thomas Genthe, PhD; and state agency consultants Leslie Postovoit, PhD, and Suzanne Castro, PhD. The parties disagree, however, as to whether the Court should remand for payment of benefits or for more proceedings. As is explained below, the agreed-upon error calls for a remand for payment of benefits.

A. Remand Standard

When a harmful error occurs in the administrative proceeding, remand for further administrative proceedings is the usual course.¹⁰ In comparison, in order

⁹ AR 19-27.

¹⁰ *Treichler v. Comm'r of Social Sec. Admin.*, 775 F.3d 1090, 1099 (9th Cir. 2014) (quoting *Fla. Power & Light Co. v. Lorion*, 470 U.S. 729, 744 (1985)).

1 for the court to consider remand for payment of benefits, three factors must be
2 satisfied:

3 (1) the record has been fully developed and further administrative
4 proceedings would serve no useful purpose; (2) the ALJ has failed to
5 provide legally sufficient reasons for rejecting evidence, whether
6 claimant testimony or medical opinion; and (3) if the improperly
7 discredited evidence were credited as true, the ALJ would be required
8 to find the claimant disabled on remand.¹¹

9 When these factors are satisfied, the decision whether to remand for benefits or
10 further proceedings is within the court's discretion, as it "is a fact-bound
11 determination that arises in an infinite variety of contexts."¹²

12 **B. Remand Analysis**

13 **1. The ALJ's Evaluation of Plaintiff's Subjective Testimony**

14 The second remand factor is satisfied: the parties agree the ALJ failed to
15 provide legally sufficient reasons for rejecting Plaintiff's subjective testimony.
16 Plaintiff asserts that a remand for calculation of benefits should be entered because
17 all three prongs required are satisfied. The Commissioner asserts that the first
18 prong is not satisfied because even though the ALJ cited to the inconsistency of
19 Plaintiff's testimony to the objective medical evidence in her analysis, she also cited
20 in other portions of the opinion to the inconsistency between Plaintiff's testimony

21 ¹¹ *Id.* at 1101. *See Garrison v. Colvin*, 759 F. 3d 995, 1010 (9th Cir. 2014),

22 ¹² *Treichler*, 775 F.3d at 1100 (quoting *Harman v. Apfel*, 211 F.3d 1172, 1177 (9th
23 Cir. 2000)).

1 regarding the severity of her symptoms and her daily activities.¹³ The
2 Commissioner also argued that the medical record indicates that Plaintiff's
3 condition improved with medication and she was not always compliant with her
4 medication.¹⁴ In her reply brief, Plaintiff argued that the issue of improvement
5 with medication was not raised by the ALJ and amounted to a post hoc
6 rationalization on the Commissioner's part.¹⁵

7 The Court agrees with Plaintiff that the Commissioner errs in raising an
8 issue which was not considered by the ALJ. At no point in the decision does the
9 ALJ discuss the fact that Plaintiff's condition improved with medication, nor did
10 she raise any question as to Plaintiff's compliance with medication.¹⁶ Plaintiff is
11 correct that raising the issue for the first time on appeal amounts to an
12 impermissible post hoc reasoning on the Commissioner's part.¹⁷

13 ¹³ ECF No. 14.

14 ¹⁴ Id.

15 ¹⁵ ECF No. 15.

16 ¹⁶ AR 14-32.

17 ¹⁷ *Molina v. Astrue*, 674 F.3d 1104, 1112 (9th Cir. 2012); SSR 17-2p; *see also Bray v.*
18 *Comm'r of Soc. Sec. Adm.*, 554 F.3d 1219, 1226-27 (9th Cir. 2009) (recognizing that
19 the ALJ's decision must be analyzed based on his reasoning and findings and "not
20 *post hoc* rationalizations that attempt to intuit what the adjudicator may have
21 been thinking").
22
23

1 Here, the ALJ's discussion of Plaintiff's testimony focused on the consistency
2 of Plaintiff's testimony with the objective findings made on mental status
3 examinations by Plaintiff's treating sources.¹⁸ The ALJ reasoned:

4 After careful consideration of the evidence, the undersigned finds that
5 the claimant's medically determinable impairments could reasonably
6 be expected to cause the alleged symptoms; however, the claimant's
7 statements concerning the intensity, persistence and limiting effects
8 of these symptoms are not entirely consistent with the medical
9 evidence and other evidence in the record for the reasons explained in
10 this decision.

11 The claimant has major depressive disorder; posttraumatic stress
12 disorder; and panic disorder (see e.g. B2F4; B5F3; B9F4) with
13 reported symptoms to include anxiety and depression; poor memory
14 and concentration; difficulty interacting with others; hypervigilance;
15 and irritability (see e.g. B5F4, 7; B6F3; B9F2).

16 Providers frequently described her as anxious or depressed with mood
17 lability (see e.g. B4F5; B5F9; B7F3; B9F19); her GAD-7 and PHQ-9
18 scores are consistent with anxiety and depression (see e.g. B4F65;
19 B5F11; B7F5); and she has sometimes had abnormal findings on
20 mental status examinations such as a tangential thought process or
21 pressured speech (see e.g. B4F5, 20; B5F9; B9F7).

22 However, while the claimant has some social and cognitive deficits,
23 the severity and frequency of her reported symptoms and limitations
are out of proportion to the longitudinal observations and findings by
providers during routine appointments.¹⁹

The ALJ then went on to cite to mental status examination findings from eleven
visits between July 2020 and January 2023. Thus, Plaintiff is correct that the ALJ

¹⁸ AR 22-23.

¹⁹ *Id.*

1 focused on the objective findings in mental status examinations when assessing
2 Plaintiff's testimony.

3 The Commissioner argues that when making a determination at step three
4 the ALJ also considered that Plaintiff's testimony was not consistent with her daily
5 activities.²⁰ Plaintiff argued in her reply that the ALJ's consideration of daily
6 activities at step three did not excuse her failure to consider them when
7 considering Plaintiff's testimony.

8 The ALJ must identify what symptom claims are being discounted and
9 clearly and convincingly explain the rationale for discounting the symptoms with
10 supporting citation to evidence.²¹ This requires the ALJ to "show his [or her] work"

11
12 ²⁰ ECF No. 14.

13 ²¹ *Smartt v. Kijakazi*, 53 F.4th 489, 499 (9th Cir. 2022). Factors to be considered by
14 the ALJ when evaluating the intensity, persistence, and limiting effects of a
15 claimant's symptoms include: 1) daily activities; 2) the location, duration,
16 frequency, and intensity of pain or other symptoms; 3) factors that precipitate and
17 aggravate the symptoms; 4) the type, dosage, effectiveness, and side effects of any
18 medication the claimant takes or has taken to alleviate pain or other symptoms; 5)
19 treatment, other than medication, the claimant receives or has received for relief of
20 pain or other symptoms; 6) any non-treatment measures the claimant uses or has
21 used to relieve pain or other symptoms; and 7) any other factors concerning the
22 claimant's functional limitations and restrictions due to pain or other symptoms.
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1 and provide a “rationale . . . clear enough that it has the power to convince” the
 2 reviewing court.²²

3 Having reviewed the ALJ’s findings at step three, the Court concludes that
 4 the Commissioner’s argument is unpersuasive. While the Commissioner is correct
 5 that the ALJ did reference daily activities at step two the reference was cursory
 6 and the bulk of her analysis focused on the inconsistency of Plaintiff’s allegations
 7 with the objective findings on mental status examinations, similar to her later
 8 analysis of Plaintiff’s credibility.²³ The ALJ articulated:

9 In understanding, remembering or applying information, the claimant
 10 has a mild limitation. In connection with her application, the claimant
 11 alleges that her conditions affect her memory and ability to follow
 12 instructions. However, during routine appointments she has been
 13 alert and oriented; she has had intact or otherwise unremarkable
 14 memory on mental status examinations; and she had generally intact
 15 cognition on formal mental status testing in June 2021 with a
 16 goaloriented thought process; intact memory with a normal fund of
 17 knowledge; and intact insight and judgment (B4E; B4F20; B5F4, 9;
 18 B6F3-4; B7F4, 9; B9F7, 9, 17, 19, 35; finding #4).

19 In interacting with others, the claimant has a moderate limitation. In
 20 connection with her application, the claimant alleges that she has
 21 difficulty with interacting with others and providers sometimes noted
 22 her to present as irritable with an anxious or depressed mood and
 23 affect. However, she was able to interact appropriately with providers,
 who described her as cooperative and pleasant; she sometimes had a

19 Soc. Sec. Rlg. 16-3p, 2016 WL 1119029, at *7; 20 C.F.R. §416.929(c); *Ghanim v.*
 20 *Colvin*, 763 F.3d 1154, 1163 (9th Cir. 2014).

21 ²² *Smartt v. Kijakazi*, 53 F.4th 489, 499 (9th Cir. 2022) (alteration added).

22 ²³ AR 20-21.

1 normal mood and affect; and (see e.g. B4E; B2F7; B4F20; B5F4, 9;
2 B6F3; B7F4, 9; B9F7, 9, 17, 19, 35; finding #4).

3 With regard to concentrating, persisting or maintaining pace, the
4 claimant has a moderate limitation. In connection with her
5 application, the claimant alleges her conditions affect her
6 concentration and ability to complete tasks and she had difficulty with
7 Serial 7s on formal mental status testing. However, she was also alert
8 and oriented during routine appointments; she had a normal attention
9 span with normal concentration on mental status examination; and
10 during formal mental status testing she was able to follow a three-
11 step command and had no difficulty following the conversation (see
12 e.g. B4E; B4F20; B5F4, 9; B6F; B7F4, 9; B9F7, 9, 17, 19, 35; finding
13 #4).

14 As for adapting or managing oneself, the claimant has experienced a
15 moderate limitation. In connection with her application, the claimant
16 reported that she had difficulty with stress and changes in routine.
17 However, she also reported that she was able to prepare her own
18 meals and complete her own housework; she reported that she was
19 able to go outside alone; and she did not indicate that she had any
20 difficulty with activities of daily living. She likewise reported to
21 providers and examiners that she was able to complete her own
22 activities of daily living, and during appointments and examinations
23 she was noted to have appropriate or otherwise unremarkable hygiene
and grooming (see e.g. B4E; B2F2-3, 6; B4F20; B5F4, 9; B6F4; B7F4,
9; B9F7, 9, 17, 19, 35; finding #4).²⁴

Here, when considering the first three broad functional areas the ALJ did
not consider anything but the consistency of Plaintiff's allegation and the objective
findings on mental status examination. It was with regard to the fourth and last
broad functional area that the ALJ considered Plaintiff's hygiene and grooming
during appointments as well as the activities of daily living that she reported on

²⁴ *Id.*

1 the Adult Function Report that Plaintiff submitted in October 2020.²⁵ Moreover,
2 the ALJ's consideration of Plaintiff's statements in her Adult Function Report are
3 flawed.

4 In her Adult Function Report, Plaintiff stated that she was unable to work
5 because most work settings have a need for interpersonal interaction and that has
6 become increasingly difficult for her to manage without anxiety and panic
7 attacks.²⁶ She stated that she has no difficulty with hygiene and grooming.²⁷ She
8 stated that she needed reminders to take her medication, and that she cooked
9 microwave meals and simple snacks but did not have the energy to make large
10 meals and tried to make an effort to make a "full meal" twice a month.²⁸ Plaintiff
11 said she can sweep her patio, clean, and do laundry and tries to do one cleaning
12 chore per week but it can take all day.²⁹ Plaintiff said that she tries to go out once a
13 day to check her mail but does it at night when she is not exposed and has less
14 anxiety.³⁰ She said that she has not had a license for 5 years and that her friend
15 shops for her because she does not like going into stores because of gathering of
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17 ²⁵ AR 21, quoting AR 255-262.

18 ²⁶ AR 255.

19 ²⁷ AR 256.

20 ²⁸ *Id.*

21 ²⁹ *Id.*

22 ³⁰ AR 258.

1 people and that she has not had a bank account in a long time and has stress and
2 becomes overwhelmed in handling money.³¹ Plaintiff said she reads but short
3 amounts, that she texts and talks to immediate family and close friends daily to
4 weekly, and that the only place she goes out to is the doctor's office.³² She said she
5 has difficulty communicating with others.³³ She indicated that she has problems
6 with squatting, sitting, hearing, seeing, memory, completing tasks, concentration,
7 following instructions, using hands, and getting along with others.³⁴ Plaintiff said
8 she can follow written directions if it is not too many steps and that she has
9 anxiety and gets overwhelmed with spoken directions and that she gets along with
10 authority figures but avoids interaction with others due to anxiety.³⁵ She said she
11 does not handle stress or changes in routine well and that she wishes she was able
12 to engage with others in public places but is physically and emotionally unable to.³⁶

13 The Court finds stark contrast between Plaintiff's statements above and the
14 following summation the ALJ made of the statements: “. . .[S]he also reported that
15 she was able to prepare her own meals and complete her own housework; she

17 ³¹ *Id.*

18 ³² AR 259.

19 ³³ *Id.*

20 ³⁴ AR 260.

21 ³⁵ *Id.*

22 ³⁶ AR 261.

1 reported that she was able to go outside alone; and she did not indicate that she
2 had any difficulty with activities of daily living.”³⁷ To say that Plaintiff indicated no
3 difficulty with activities of daily living is inconsistent with Plaintiff’s reports that
4 she is unable to go to the store or to even check her mailbox during daylight hours
5 because she avoids others and to say she is capable of making meals is inconsistent
6 with the fact that Plaintiff is underweight enough at her height of 5’7” and weight
7 of 91 pounds to meet the listing for gastrointestinal disease and stated that she has
8 to make an effort to force herself to cook two meals each month.

9 The Court concludes that the only reasons given by the ALJ for discounting
10 Plaintiff’s allegations during her analysis at step three are they are inconsistent
11 with the objective finding made during the medical status examinations and a
12 cursory finding that they were inconsistent with the fact that she was groomed
13 during her medical appointments and did not indicate any difficulty with activities
14 of daily living in her Adult Function Report. As noted, the fact that Plaintiff’s
15 allegations are not fully supported by objective findings is not a sole basis to find
16 her testimony not credible. As to the fact that Plaintiff was well-groomed, that is
17 consistent with her reports in her Adult Function Report that she has no difficulty
18 grooming.³⁸ To read the Adult Function Report, which indicates an extreme
19 limitation in leaving her home or being with others without panic, as stating she
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21 ³⁷ AR 21.

22 ³⁸ AR 256.

1 indicates no difficulty with activities of daily living is a gross mischaracterization.
 2 For this reason, the ALJ's finding at step three cannot be considered as a basis to
 3 rehabilitate the deficiencies in her consideration of Plaintiff's credibility later in
 4 the decision.

5 Because the Court finds that there is no reasonable conflict in evidence
 6 which requires further consideration with regard to this issue, the Court concludes
 7 that a remand for payment of benefits is warranted.

8 2. The ALJ's Evaluation of the Medical Opinions: This Issue is Moot

9 The ALJ was required to consider and evaluate the persuasiveness of the
 10 medical opinions and prior administrative medical findings.³⁹ The factors for
 11 evaluating the persuasiveness of medical opinions and prior administrative
 12 medical findings include, but are not limited to, supportability, consistency,
 13 relationship with the claimant, and specialization.⁴⁰ Supportability and consistency
 14 are the most important factors,⁴¹ and the ALJ must explain how she considered the
 15 supportability and consistency factors when reviewing the medical opinions and
 16 support her explanation with substantial evidence.⁴² When considering the ALJ's
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18 ³⁹ 20 C.F.R. §416.920c(a), (b).

19 ⁴⁰ 20 C.F.R. §416.920c(c)(1)–(5).

20 ⁴¹ *Id.* §416.920c(b)(2).

21 ⁴² *Id.* § 416.920c(b)(2), (c)(1)–(5); *Woods v. Kijakazi*, 32 F.4th 785 (9th Cir. 2022)

22 (“The agency must articulate . . . how persuasive it finds all of the medical opinions
 23

1 findings, the Court is constrained to the reasons and supporting explanation
2 offered by the ALJ.⁴³

3 Because the Court has already found that the ALJ's error in evaluating
4 Plaintiff's testimony warrants remand for payment of benefits, it will address this
5 issue briefly. First, the Commissioner errs in arguing that the ALJ merely
6 committed an "articulation error" in her explanation regarding the opinions of
7 state agency consultants Dr. Postovoit and Dr. Castro.⁴⁴ The Commissioner is
8 correct that the ALJ committed error in failing to address the supportability factor
9 when assessing the two opinions.⁴⁵ But that does not constitute a "technical error"
10 because the regulation requires the ALJ to consider both the supportability and
11 consistency factor. In assessing the supportability of an opinion, the ALJ is to
12 consider the supporting explanation provided by the medical source and the extent
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17 from each doctor or other source and explain how it considered the supportability
18 and consistency factors in reaching these findings.") (cleaned up).

19 ⁴³ See *Burrell v. Colvin*, 775 F.3d 1133, 1138 (9th Cir. 2014) (recognizing court
20 review is constrained to the reasons the ALJ gave).

21 ⁴⁴ ECF No. 14.

22 ⁴⁵ AR 24.
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1 of the relevant objective medical evidence in the doctor's own records supporting
2 the opinion.⁴⁶

3 Additionally, as Plaintiff points out, there are also other substantive errors
4 in the ALJ's analysis, including the fact that when considering the consistency of
5 Dr. Postovoit and Dr. Castro's opinions the ALJ did not consider that they were
6 inconsistent with the opinions of both consultative examiners. Whether an opinion
7 is consistent with the evidence from other medical sources and nonmedical sources
8 is a critical factor.⁴⁷

9 Moreover, the Court finds it perplexing that when considering the opinions
10 of Dr. Postovoit and Dr. Castro the ALJ found them persuasive despite the fact
11 that Dr. Postovoit and Dr. Castro did not review the updated record, but the first
12 reason that she gave for finding the opinions of consultative examiners Dr. Genthe
13 and Dr. Metoyer to be unpersuasive is that they did not review the updated
14 record.⁴⁸

15 With regard to the opinions of Dr. Genthe and Dr. Metoyer, the ALJ gave no
16 explanation why the fact that they did not review the updated medical record

18 ⁴⁶ 20 C.F.R. § 416.927(c); *Bray v. Comm'r of Soc. Sec. Admin.*, 554 F.3d 1219, 1228
19 (9th Cir. 2009) (recognizing that a medical opinion may be rejected if it is
20 conclusory or inadequately supported).

21 ⁴⁷ 20 C.F.R. § 416.920c(b)(2), (c)(2).

22 ⁴⁸ AR 24-26.

1 rendered their opinions unpersuasive when, unlike Dr. Postovoit and Dr. Castro,
2 they had a chance to personally examine Plaintiff. The ALJ additionally failed to
3 consider when considering the consistency factor that Dr. Metoyer and
4 Dr. Genthe's opinions were consistent with each other.⁴⁹

5 The Commissioner's attempts to cure the ALJ's error in evaluating
6 Dr. Genthe and Dr. Metoyer's opinions by labeling them to be "extreme" and
7 "vague" respectively, is unpersuasive. As noted, Dr. Genthe's opinions are
8 consistent with those of Dr. Metoyer, who is also an impartial examiner and who is
9 the only other opining source that examined Plaintiff.

10 Additionally, the Court finds nothing "vague" about Dr. Metoyer's language
11 that Plaintiff had moderate or marked impairments in functioning. The
12 Administration's own "B" criteria for assessing the severity of mental impairments
13 at step three categorizes impairments as mild, moderate, marked, and extreme.⁵⁰
14 Moreover, Dr. Metoyer examined Plaintiff and rendered an opinion at the request
15 of the Commissioner. He has conducted consultative examinations for the
16 Commissioner for a number of years and is familiar with the language and
17 standards used by the Administration. When Dr. Metoyer rendered an opinion at
18 the Commissioner's request as to the severity of Plaintiff's condition utilizing
19 language provided in the Administration's own regulations, that language can

21 ⁴⁹ 20 C.F.R. § 416.920c(b)(2), (c)(2).

22 ⁵⁰ 20 C.F.R. §§ 416.920(d), 416.925, and 416.926.

1 hardly be characterized as “vague” or “ambiguous” and characterizing it as such
2 does not excuse the ALJ’s admitted errors in evaluating Dr. Metoyer’s opinions.

3 **III. Conclusion**

4 Remand for an award of benefits is appropriate. Plaintiff has met her
5 burden to show that all three prongs of the test have been met. The Court
6 concludes there is no useful purpose in remanding for furthering proceedings.⁵¹

7 Accordingly, **IT IS HEREBY ORDERED:**

- 8 1. The ALJ’s nondisability decision is **REVERSED, and this matter is**
9 **REMANDED to the Commissioner of Social Security for**
10 **payment of benefits.**
- 11 2. The Commissioner’s Motion to Remand, **ECF No. 14**, is **GRANTED.**
- 12 3. The Clerk’s Office is to term Plaintiff’s brief, **ECF No. 10**, and enter
13 **JUDGMENT** in favor of Plaintiff REVERSING and REMANDING
14 the matter to the Commissioner of Social Security for immediate
15 calculation and award of benefits from the alleged disability onset
16 date, and **CLOSE** the case.

17 IT IS SO ORDERED. The Clerk’s Office is directed to file this order and
18 provide copies to all counsel.

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⁵¹ See *Vasquez v. Astrue*, 572 F.3d 586, 593–94 (9th Cir. 2009).

DATED this 22nd day of October, 2024

A handwritten signature in black ink, appearing to read "Edward F. Shea", written in a cursive style.

EDWARD F. SHEA
Senior United States District Judge